

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

				FORMATION			jan garan da
Name	JONATHAN	MCRAN	/E		-	Member of: House	☐ Senate
Mailing address	JONATHAN 30 Bay Newcastle,	V'ew	RJ.	**************************************		District 5/	
City, zip code	Newcastle,	Me.	0455	3	Annie (1945) - Annie (1946) - Annie	Phone 563-5	477
	PART 1.	INCOME DERIV	/ED FROM	EMPLOYMENT	BY ANOTH	IER	
List the name a principal type of	and address of each economic activity of	employer from each employer.	whom you	received compe	nsation of	\$1,000 or mo	re. 'Specify the
Na ₁	me of Employer	77.		Address		Principal Typ Activity o	e of Economic Employer
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* :					-		
e en			and the second s	minter in the second se		n de la companya de l	en e
		(For Legisla	tors who are	OM SELF-EMPL e self-employed.)			
derived income.	If associated with a nic activity of that ent	a partnership, fii	any, and I m, professi	ist the major are onal association,	as of econ or similar	omic activity to business entity	rom which you y, list the major
Name a	and Address of Busines			Areas of Economic (self)	7 T	Act (partnership, ass	of Economic ivity ociation or similar is entity)
	and the second of the second o	A · · · · · · · · · · · · · · · · · · ·	مست	LIDELI	r	budite:	oriuty)
Name: MCM Address: 30 SA	TWE Electric	the	Elect So.	trial Contract le Prop.	7		

	DERIVED FROM SELF-EMPLO	PYMENT
B. List each source of income derived from self-employment the is greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of the entity or person from whom the income was derived.	hat represents more than 10% of you f the entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Mc KANE Electric Address:		Dec. Contracting
Name: Address:		
PART 3. MAJO	R AREAS OF PRACTICE (ho are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm,	list the major areas of practice of you	ur firm.
Name and Address of Firm	Major Areas of Pr (self)	actice Major Areas of Practice
Name: Address:		
Name: Address:	and the second s	
List each source of income of \$1,000 or more not listed in Part	R SOURCES OF INCOME s 1, 2, or 3 of this form. Do not include	de gifts. If none, check the box.
None		
Name and Address of Source	e in the second	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
PART 5. REP	ORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list loans from		
None	•	
Name and Address of Credit	or	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name.		
Address:		
PART 6. R	EPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include none, check the box.	e gifts with an aggregate value of mor	re than \$300 from a single source. If
□ None		
Name of Source of Gift 1.	Name of	f Source of Gift
2.	4.	an and a strain the enterior of the strain o

PART 7. REPORTA	ABLE HONO	RARIA	
List the source of any honoraria accepted for appearances or speech	- "	= 9	
None	-		The Total Control of the Control of
Name of Source of Honoraria	Andrew Andrew Andrew	Na	nme of Source of Honoraria
1.	3,	· with the control of	The Control of Control
2			
2.	4.		
PART 8. REPRESENTATION			
List each executive branch agency before which you represented on the box.	r assisted oth	ers for c	compensation of any amount. If none, check
None			211.7
Name of Agency		N 46 T 1	Name of Agency
1.	3.	Andrew September 19 control of the Andrews	
2.		**************************************	
2.	4.		
PART 9. BUSINESS WI			- 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	r immediate fa	mily sol	d goods or services with a value in excess of
□ None		PERSONAL TRANSPORTER	
Name of Agency	The state of the s		Name of Agency
1.	3.	San	
2.	4.		
PART 10. INCOME RECEIVED BY M			
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,000 c Do not includ	r more de gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Receive	ed appro	cle priate ter	Kinid of Income
1. Human Resources 2. Rental Property	Ŝ	D	Section of the Control of the Contro
2. Rental Proporty	<u>(S)</u>	D.	
		ZZZAGIA, A PORTO P	
3.	S	D	We a
4.	S	D	
SIGNAT	ÜRF 🖁		
		<u> - </u>	
A Legislator who willfully fails to file a required statement is subj (1 M.R.S.A. § 1017-A)	ject to a line	01 \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	ne Commissio Attorney Ge	on conc. neral.	ludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest o question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	n every ques	stion an	d shall be precluded from voting on any
for note		7	18/08
Signature			Date

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ADDRESS:		-			contribution of the military (VAX CHINA) is constituted by the state of the state o	distribution of the same of th			
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information you	any additional infor are providing.	mation below	w (and on	additional	sheets if ne	eded).	Indicate the	part or sect	tion number for the
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